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Investigating the Effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on Quality of Life and Mental Health in Depressed Women

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A B S T R A C T

Depression is one of the most common mental disorders, often associated with decreased quality of life and deteriorated mental health, particularly among women, who exhibit a higher prevalence rate compared to men. Given the prominent emotional and interpersonal components of depression, employing therapies that target unconscious conflicts and repressed emotions is of great significance. The present study aimed to investigate the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on the quality of life and mental health of women with depression. This study was a quasi-experimental design with a pretest-posttest and control group structure. A sample of 30 women with mild to moderate depression was selected through convenience sampling and randomly assigned to experimental and control groups (15 participants in each group). The research instruments included the WHOQOL-BREF Quality of Life Questionnaire and the GHQ-28 General Health Questionnaire. The experimental group received twelve 90-minute sessions of ISTDP. Data were analyzed using analysis of covariance (ANCOVA), controlling for pretest scores. The results indicated that the post-test mean scores of quality of life in the experimental group were significantly higher than those of the control group ($p = 0.001$), while the mental health scores significantly decreased ($p = 0.002$). The effect sizes for both variables were reported as high ($Eta^2 > 0.30$). Intensive Short-Term Dynamic Psychotherapy can be considered an effective approach for improving quality of life and enhancing mental health in women with depression. The findings of this study underscore the necessity of expanding the use of in-depth, emotion-focused approaches in mental health services.

Keywords: *Intensive Short-Term Dynamic Psychotherapy, Quality of Life, Mental Health, Depressed Women*

1. Introduction

Depression is one of the most widespread and disabling mental disorders worldwide, significantly impairing individuals' psychological well-being, social functioning, and overall quality of life. According to the World Health Organization, more than 300 million people across the globe suffer from depression, making it the leading cause of disability and a major contributor to the global burden of disease (World Health, 2017). Its chronic nature and high recurrence rates impose considerable emotional and economic costs on individuals, families, and societies (Collaborators, 2022). The condition is particularly prevalent among women, who are almost twice as likely as men to experience depressive disorders (Salk et al., 2017). Various factors, including hormonal fluctuations, psychosocial stressors, and gender-based violence, contribute to this gender disparity (IsHak et al., 2021).

Beyond emotional symptoms such as sadness and hopelessness, depression adversely affects one's perceived quality of life across multiple domains including physical health, interpersonal relationships, and environmental satisfaction (IsHak et al., 2021; Mendlowicz & Stein, 2021). Quality of life, as defined by the World Health Organization, encompasses an individual's perception of their position in life within the context of culture and value systems, and in relation to their goals, expectations, and concerns (Nejat et al., 2006). The association between depressive symptoms and impaired quality of life has been firmly established in numerous studies, indicating that any effective treatment for depression must address both psychopathological symptoms and broader psychosocial outcomes (Cuijpers et al., 2021).

Traditional approaches to treating depression have included pharmacotherapy and cognitive-behavioral therapy (CBT), both of which have demonstrated varying degrees of efficacy. However, there is a growing recognition that many individuals with depression, particularly those with comorbid somatic complaints, unresolved emotional conflicts, or interpersonal difficulties, may benefit more from psychodynamic approaches that focus on unconscious processes and emotional regulation (Abbass et al., 2012; Town et al., 2017). One such treatment is Intensive Short-Term Dynamic Psychotherapy (ISTDP), developed by Habib Davanloo, which is a focused and emotion-centered intervention aiming to rapidly access and resolve unconscious emotional conflicts through a structured and time-limited framework (Abbass et al., 2023).

ISTDP integrates techniques that confront defensive mechanisms and facilitate the experience of repressed affect, often leading to significant therapeutic breakthroughs within a relatively short period (Abbass et al., 2012). Meta-analyses and randomized controlled trials have shown the efficacy of ISTDP in treating various mental health conditions, including depression, anxiety disorders, somatic symptom disorders, and treatment-resistant psychiatric presentations (Abbass et al., 2023; Town et al., 2017). It is particularly suited for individuals who exhibit high levels of emotional avoidance and internal conflict, traits that are frequently observed in women with depression (Jafari et al., 2024).

A growing body of research supports the use of ISTDP for improving psychological functioning and enhancing quality of life. For instance, Alavinia et al. (2022) compared ISTDP with CBT and found that both approaches were effective in reducing depressive symptoms and improving quality of life, but ISTDP offered more significant improvements in emotional regulation and interpersonal relationships (Alavinia et al., 2022). Similarly, Ziapour et al. (2023) demonstrated that ISTDP significantly improved sexual functioning and marital satisfaction among depressed women, suggesting its relevance in addressing not only emotional but also relational aspects of well-being (A. Ziapour et al., 2023). These findings underscore the potential of ISTDP to bring about holistic improvements beyond symptom reduction alone.

From a public health perspective, addressing mental health conditions such as depression with evidence-based psychotherapeutic interventions is crucial for reducing the burden of disease and improving societal productivity (Collaborators, 2022). Furthermore, the shift toward short-term and cost-effective treatments aligns with the resource limitations of many mental health systems, especially in low- and middle-income countries where access to long-term therapy is restricted. In this context, ISTDP presents a promising model that is not only clinically effective but also efficient in terms of time and cost.

The effectiveness of ISTDP in various clinical contexts has also been demonstrated in Iranian studies. For example, Hajrezaei et al. (2024) found that ISTDP led to significant reductions in depressive symptoms and gastrointestinal complaints among patients with irritable bowel syndrome, highlighting the method's effectiveness in psychosomatic disorders (Hajrezaei et al., 2024). Another Iranian study by Sarlaki et al. (2024) showed that ISTDP significantly reduced guilt, anger, and maladaptive object relations in women with major depressive disorder, providing further

evidence for its utility in populations struggling with affect regulation and interpersonal dysfunction (Sarlaki et al., 2024).

Despite these promising results, it is essential to note that the effectiveness of ISTDP is highly dependent on proper patient selection, therapist competence, and adherence to protocol. Additionally, there is still a need for further empirical validation of its effects on broader outcomes such as quality of life and mental health in diverse populations, particularly among women suffering from mild to moderate depressive disorders. Most existing studies have focused on clinical symptomatology, while fewer have investigated how ISTDP affects patients' broader psychosocial functioning.

Another critical consideration in evaluating therapeutic outcomes is the reliability and validity of measurement tools. The WHOQOL-BREF questionnaire, widely used in quality of life assessments, has been validated for Iranian populations and found to have acceptable psychometric properties (Nejat et al., 2006). Similarly, the GHQ-28, a widely recognized instrument for assessing general mental health, has been shown to possess strong reliability and construct validity in Iranian samples (Taghavi, 2002). These tools provide a robust foundation for measuring therapeutic outcomes in clinical research and enable cross-cultural comparisons.

Given the substantial psychological and social burden that depression imposes, particularly on women, the current study aims to further investigate the effectiveness of ISTDP in enhancing quality of life and improving mental health among this vulnerable population. Unlike many interventions that primarily target symptom reduction, ISTDP focuses on accessing and resolving core emotional conflicts, potentially leading to deeper and more sustainable change (Abbass et al., 2023). This is especially pertinent in cases where emotional repression and interpersonal difficulties are prominent, as frequently observed in women with depressive disorders (Arash Ziapour et al., 2023).

Therefore, the present study seeks to fill an important gap in the literature by examining whether ISTDP can produce meaningful improvements in both subjective quality of life and overall mental health in women diagnosed with mild to moderate depression.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research project and, in terms of implementation method, a quasi-experimental study with a pretest–posttest control group design. The statistical population consisted of all women aged 25 to 45 years with mild to moderate depression who referred to the Shahid Shourideh Counseling and Psychotherapy Center in Mashhad during 2024. A convenience sampling method was employed, and after conducting diagnostic interviews based on the DSM-5 criteria and using the short form of the Beck Depression Inventory (BDI-II), 30 eligible individuals were selected and randomly assigned to two groups of 15 (experimental and control).

Inclusion criteria included being between 25 and 45 years of age, having a diagnosis of mild to moderate depression (BDI-II score between 14 and 28), absence of severe psychiatric disorders (e.g., psychosis or bipolar disorder), not receiving concurrent psychotherapy, and willingness to regularly participate in the sessions. Exclusion criteria included missing more than two sessions, starting pharmacological or other psychotherapy during the intervention, and experiencing a severe psychological crisis during the study period.

After obtaining the necessary approval from the university's Research Ethics Committee and receiving informed consent from the participants, the study was initiated. First, in collaboration with selected counseling centers in Mashhad, women exhibiting symptoms of depression were identified. Initial screening was performed using the short form of the Beck Depression Inventory (BDI-II) and structured clinical interviews based on DSM-5 criteria. Candidates who scored between 14 and 28 (indicating mild to moderate depression) and met inclusion criteria were selected. Entry criteria included being aged 25–45, at least high school education, no concurrent psychotherapy or pharmacotherapy, and commitment to weekly session attendance. A total of 30 individuals were randomly assigned to experimental and control groups (15 each). Both groups completed the WHOQOL-BREF and GHQ-28 questionnaires as a pretest. The experimental group received Intensive Short-Term Dynamic Psychotherapy (ISTDP), conducted individually on a weekly basis over twelve 90-minute sessions by a therapist trained in Davanloo's model. The control group received no intervention and only participated in the posttest.

2.2. Measures

2.2.1. Quality of Life

World Health Organization Quality of Life Questionnaire (WHOQOL-BREF): This instrument is a short version of the

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KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

WHO's 100-item quality of life assessment tool and includes 26 items. The first two questions assess general quality of life and overall health, while the remaining 24 items cover four main domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items). Each item is rated on a 5-point Likert scale (1 to 5), with higher scores indicating better quality of life. The Persian version of the questionnaire was standardized and psychometrically evaluated by Nasr et al. (2006). The Cronbach's alpha coefficient for the total scale was reported at 0.87, and for the subscales, it ranged from 0.63 to 0.75. Its face, content, and construct validity have been confirmed through factor analysis. Multiple other studies have also confirmed the reliability of this instrument in the Iranian population.

2.2.2. Mental Health

General Health Questionnaire – 28-item version (GHQ-28): Developed by Goldberg and Hillier, the GHQ-28 includes four subscales, each consisting of seven items: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. This tool is used to detect psychological disorders in both clinical and general populations. Scoring is based on a 4-point Likert scale (0 to 3), with a maximum total score of 84; higher scores indicate greater psychological distress. The Persian version of the GHQ-28 was translated and validated by Mohammadi (1995). In that study, Cronbach's alpha for the total scale was 0.90, and for the subscales ranged from 0.78 to 0.86. Its concurrent validity with psychiatric diagnostic criteria and similar instruments was also reported to be acceptable. More recent studies in Iran have confirmed the strong reliability of this instrument, which is widely used in psychological health assessments.

2.3. Intervention

Therapeutic Protocol: Intensive Short-Term Dynamic Psychotherapy (ISTDP) Based on Davanloo's Model – 12 sessions, each 90 minutes

Phase One: Assessment and Therapeutic Alliance (Sessions 1–3)

Objective: Evaluate patient's treatment capacity, resistance type, defense styles, and build therapeutic alliance.

Session 1: Initial psychodynamic interview, focusing on identifying emotional conflicts, primary defense mechanisms, anxiety levels, and emotional tolerance. Beginning of alliance formation.

Key technique: Observing emotional responses to provocative questions.

Session 2: Moment-to-moment defense analysis during therapeutic interaction. Exploring repetitive interpersonal patterns with a focus on past and present relationships. Initiating gentle confrontation of resistances.

Therapist intervention: Emotional reflection, defense interpretation, support for tolerable anxiety.

Session 3: Strengthening alliance, assessing readiness for intensive work, introducing the concept of "coexistence of affect and defense." Teaching the differentiation between core emotion, anxiety, and defense.

Phase Two: Intensive Work on Emotion and Conflict (Sessions 4–9)

Objective: Overcome unconscious resistances, activate repressed emotions, and achieve emotional insight.

Session 4: Focus on repressed emotions toward significant figures. Increase affective pressure and examine cognitive/interpersonal resistances.

Session 5: Confront rigid defenses, intensify focus on anger, resentment, or love toward internalized figures. Facilitate verbalization of emotions.

Session 6: Guide the patient to directly experience internal emotions during the session. Manage anxiety using physical, behavioral, and cognitive signs.

Session 7: Break interpersonal unconscious resistances (submission, avoidance, control) and connect them to childhood patterns. Process therapeutic relationship as a stage for conflict repetition.

Session 8: Reach the "experiential moment"—an integrated experience of core emotions like grief, anger, fear, or guilt with emotional clarity and release.

Session 9: Reflect on the emotional experience of the previous session, assist in understanding the interpersonal meaning of conflicts, and begin integrating emotion and insight into the psychological structure.

Phase Three: Integration, Consolidation, and Termination (Sessions 10–12)

Objective: Generalize insights to external situations, reconstruct emotional identity, and stabilize change.

Session 10: Review changes in current relationships, enhance emotional regulation, and promote self-reflection on past emotional and defensive responses.

Session 11: Generalize insights to functional domains (marital, family, occupational). Analyze residual resistances and solidify new psychological functioning.

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Session 12: Review the course of therapy, evaluate change, focus on discovered strengths, and prepare for termination. Emphasize maintaining emotional awareness post-therapy.

Note: Throughout sessions, the patient's anxiety level is continuously monitored, and intervention intensity is adjusted based on emotional tolerance. The therapist maintains a balance between "pressure" and "support" and intervenes precisely with unconscious resistances.

2.4. Data Analysis

In the first stage of data analysis, demographic characteristics (age, education, marital status) were described using descriptive statistics including mean, standard deviation, and frequency. Before conducting inferential analyses, statistical assumptions were examined. The Kolmogorov–Smirnov test was used to assess normality of data distribution, and Levene's test assessed homogeneity of variances. Given the pretest–posttest design with a control group, analysis of covariance (ANCOVA) was used to assess group differences while controlling for baseline scores. The independent variable was group type (experimental vs. control), the dependent variables were posttest scores for quality of life and mental health, and pretest scores were entered as covariates. Statistical analyses were conducted at a significance level of $\alpha = 0.05$. When ANCOVA results were significant, the effect size of the intervention was evaluated using Eta squared to determine the proportion of posttest score variance attributable to the treatment. All analytical procedures were performed with high scientific rigor to ensure the internal validity of the findings.

3. Findings and Results

To analyze the research data, the demographic characteristics of the sample were first examined to ensure the equivalence of the two groups. Subsequently, descriptive statistics for pretest and posttest scores in both groups were calculated. To confirm the assumptions of analysis of covariance (ANCOVA), tests for normality of distribution and homogeneity of variances were conducted. Finally, ANCOVA was performed, controlling for pretest scores, to compare the performance of the two groups on the dependent variables.

Table 1

Demographic Characteristics of the Sample

Characteristic	Experimental Group	Control Group
Mean Age (Mean ± SD)	32.4 ± 5.3	31.7 ± 4.9
Marital Status (Married)	10 participants (66.7%)	9 participants (60.0%)
Education (Bachelor's or higher)	11 participants (73.3%)	10 participants (66.7%)

The mean age of the two groups was similar, and the proportions of married participants and those with university-level education were relatively equal, indicating initial group equivalence.

Table 2

Descriptive Statistics for Pretest and Posttest Scores of Variables in Both Groups

Variable	Experimental Group (Mean ± SD)	Control Group (Mean ± SD)
Quality of Life – Pretest	58.2 ± 6.5	59.1 ± 5.9
Quality of Life – Posttest	71.4 ± 5.8	60.3 ± 6.1
Mental Health – Pretest	31.5 ± 4.3	30.9 ± 4.7
Mental Health – Posttest	22.1 ± 3.9	29.7 ± 4.4

Following the Intensive Short-Term Dynamic Psychotherapy (ISTDP) intervention, the experimental group showed a significant improvement in quality of life (mean increased from 58.2 to 71.4) and mental health (mean decreased from 31.5 to 22.1). In contrast, no significant changes were observed in the control group.

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E-ISSN: 3041-9026

Table 3

Normality and Homogeneity of Variance Test Results

Variable	Shapiro-Wilk Test (p-value)	Levene's Test (p-value)
Quality of Life – Posttest	0.223	0.361
Mental Health – Posttest	0.187	0.408

The results of the Shapiro–Wilk test for posttest scores of quality of life and mental health in both groups indicated that the data distributions were normal ($p > 0.05$). Additionally, Levene's test confirmed the homogeneity of variances between the two groups, satisfying ANCOVA assumptions.

Table 4

ANCOVA Results for Comparison of Posttest Scores with Pretest Control

Variable	Adjusted Mean (Experimental)	Adjusted Mean (Control)	F	p-value	Eta Squared
Quality of Life	71.2	60.5	15.42	0.001	0.37
Mental Health	22.4	29.3	12.87	0.002	0.31

The ANCOVA results revealed a statistically significant difference between the two groups in terms of quality of life ($F = 15.42$, $p = 0.001$) and mental health ($F = 12.87$, $p = 0.002$). The effect size (Eta squared) indicated that the therapeutic intervention accounted for approximately 37% of the variance in quality of life and 31% of the variance in mental health.

4. Discussion and Conclusion

The present study aimed to evaluate the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on the quality of life and mental health of women with mild to moderate depression. The results of the ANCOVA analysis indicated that participants in the experimental group who underwent 12 sessions of ISTDP experienced significant improvements in both dependent variables. Specifically, posttest scores showed a considerable increase in quality of life and a corresponding decrease in psychological distress among the intervention group compared to the control group. The reported effect sizes ($\eta^2 = 0.37$ for quality of life and $\eta^2 = 0.31$ for mental health) suggest that the applied psychotherapeutic intervention accounted for a substantial proportion of the variance in outcomes, reinforcing the clinical value of ISTDP in treating depressive symptoms and enhancing broader aspects of psychosocial functioning.

These findings are consistent with a growing body of literature demonstrating the efficacy of ISTDP in addressing not only core depressive symptoms but also the associated impairments in quality of life and general well-being. As supported by a comprehensive meta-analysis by Abbass et al. (2023), ISTDP has shown significant effects on reducing depressive symptoms across multiple clinical populations, with advantages in both short- and long-term outcomes (Abbass et al., 2023). The present study aligns with those findings, adding further support for the effectiveness of this modality specifically among Iranian women. Likewise, previous research has emphasized that quality of life, which encompasses emotional, physical, relational, and environmental domains, is often compromised in individuals with depression and should be considered a critical outcome in treatment assessments (IsHak et al., 2021; Mendlowicz & Stein, 2021). In the current study, improvements observed in the WHOQOL-BREF posttest scores indicate that ISTDP has the potential to generate multidimensional benefits, possibly by helping patients access and resolve deeply rooted emotional conflicts.

The underlying mechanisms through which ISTDP exerts its therapeutic effects are closely tied to its focus on unconscious processes, affective experiencing, and the dismantling of maladaptive defense mechanisms. In the intervention protocol used in this study, the treatment process progressed through three stages: establishing a therapeutic alliance, intensive emotional work, and integration of insight. Each stage enabled patients to gradually increase their emotional tolerance, reflect on repressed experiences, and develop adaptive emotional expression, which in turn may have contributed to the significant improvements in their subjective evaluations of mental health and life satisfaction. These therapeutic elements have been emphasized in prior studies as core contributors to the success of ISTDP (Abbass et al., 2012; Town et al., 2017).

The improvement in mental health scores observed in the present study is particularly meaningful, given the prevalence and complexity of depression in women. Studies indicate that women are more susceptible to developing depression due to both biological and socio-environmental factors, including hormonal fluctuations, caregiving responsibilities, and exposure to chronic stressors (Salk et al., 2017). Therefore, interventions tailored to address the affective and interpersonal struggles of women are especially valuable. In this regard, ISTDP appears well-suited for this population, as it facilitates the resolution of inner emotional turmoil and enhances interpersonal insight. Supporting this notion, Jafari et al. (2024) demonstrated that ISTDP effectively reduced depression, health anxiety, and somatic symptoms in patients following cardiac surgery, emphasizing the broad applicability of this modality in patients facing both psychological and physical distress (Jafari et al., 2024).

Furthermore, Iranian studies have increasingly validated the efficacy of ISTDP in addressing culturally specific psychological patterns. For instance, Sarlaki et al. (2024) found that ISTDP was effective in reducing guilt, anger, and disorganized object relations in women with major depressive disorder, factors that are often intertwined with internalized shame and relational trauma (Sarlaki et al., 2024). These findings are congruent with the outcomes of the current study, which revealed significant gains in mental health and overall quality of life, suggesting that ISTDP may be particularly impactful in sociocultural contexts where emotional expression and autonomy are constrained. Moreover, the study by Ziapour et al. (2023) highlighted how ISTDP improved sexual functioning and marital satisfaction in depressed women, further confirming that the benefits of this therapy extend to domains often overlooked in traditional depression treatments (A. Ziapour et al., 2023).

ISTDP's transdiagnostic effectiveness has also been demonstrated in comorbid conditions. For example, Hajrezaei et al. (2024) reported that ISTDP not only reduced depression but also alleviated gastrointestinal symptoms in patients with irritable bowel syndrome, indicating the therapy's relevance in treating somatization alongside mood disorders (Hajrezaei et al., 2024). These findings support the notion that addressing emotional conflicts at a psychodynamic level can result in improvements in both psychological and somatic functioning. Given that the participants in the present study did not present with severe psychiatric comorbidities, the positive outcomes observed are likely attributable to the therapy's effectiveness in enhancing emotional processing and reducing internal conflict.

From a methodological standpoint, the use of reliable and valid instruments further strengthens the conclusions drawn from this study. The WHOQOL-BREF, validated in Iranian populations by Nejat et al. (2006), provides a culturally sensitive and psychometrically sound measure of quality of life across four key domains (Nejat et al., 2006). Similarly, the GHQ-28, whose Iranian version was validated by Taghavi (2002), offers a robust measure of general mental health and distress symptoms (Taghavi, 2002). The alignment between these validated instruments and the measured improvements following ISTDP underscores the credibility of the findings and their relevance for clinical application.

While other therapies such as CBT and pharmacotherapy continue to dominate mainstream treatment paradigms, recent meta-analyses have highlighted that various forms of psychotherapy, including ISTDP, are equally effective, especially in cases where patients present with emotional suppression and interpersonal conflicts (Cuijpers et al., 2021). Alavinia et al. (2022) specifically compared CBT and ISTDP and found both to be effective in reducing depressive symptoms, though ISTDP had a stronger effect on emotional integration and quality of interpersonal functioning (Alavinia et al., 2022). These comparative advantages, combined with the brief nature of the intervention, make ISTDP a practical and valuable addition to the therapeutic toolkit in resource-constrained settings.

Finally, it is crucial to frame these findings within the broader epidemiological understanding of depression. Global mental health estimates by the WHO and recent findings by the Global Burden of Disease collaborators have confirmed the increasing prevalence and impact of depression, especially in developing countries where mental health services are limited and often stigmatized (Collaborators, 2022; World Health, 2017). In such contexts, brief but effective therapies like ISTDP are of paramount importance, as they can potentially address a wide range of symptoms in a cost-effective and time-sensitive manner.

Despite its promising findings, this study is not without limitations. First, the sample size was relatively small (n = 30), which may limit the generalizability of the results to broader populations. Second, participants were selected from a single urban center in Iran, and thus the findings may not reflect the experiences of women in rural or culturally diverse settings. Third, while the study employed validated self-report instruments, reliance solely on subjective

assessments may introduce reporting bias. Additionally, the lack of long-term follow-up prevents conclusions about the durability of therapeutic effects beyond the immediate post-intervention period. Finally, the absence of blinding may have introduced expectancy effects or therapist bias into the intervention outcomes.

Future research should aim to address these limitations by recruiting larger, more diverse samples across multiple settings and cultural backgrounds. Incorporating objective clinical assessments and biological markers of stress and emotional regulation could further elucidate the mechanisms through which ISTDP achieves its effects. Longitudinal studies with multiple follow-up points would help determine the persistence of therapeutic gains and inform relapse prevention strategies. Comparative studies between ISTDP and other therapeutic modalities across various depressive subtypes could also yield valuable insights regarding differential effectiveness. Additionally, qualitative research exploring patient experiences during ISTDP could enrich our understanding of its subjective impacts and therapeutic processes.

Practitioners should consider incorporating ISTDP as a viable treatment option for women experiencing mild to moderate depression, especially when emotional conflicts and interpersonal distress are evident. Mental health clinics and counseling centers could benefit from training therapists in this approach to expand service offerings, particularly in low-resource contexts. Integrating ISTDP into standard care pathways may improve treatment engagement and reduce dropout rates due to its structured and time-limited nature. Moreover, including family and couple-based psychoeducation about the role of emotional repression and relational patterns in depression can enhance therapeutic outcomes and support system-wide change.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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